

NAME	(1)	BLOCK	
Reporting Unit	(2)	SICK	
Agency	(3)	ANNUAL	
Pay Period No.	(4)	HOURS OF DUTY IF N/D OR OTHER THAN REGULAR	(10)

TOTAL HOURS			TIME WORKED						TIME ABSENT					INITIALS*
IN	OUT	DATE	REGULAR	N/D	O/T	COMPEN-SATORY	COMPEN-SATORY	AWOL	LWOP	SICK	ANNUAL	OTHER		
		Sun.												
		Mon.												
(5)		Tue.												
		Wed.												
		Thu.												
		Fri.												
		Sat.												
FIRST WEEK TOTAL										X X X	X X X			
		Sun.												
		Mon.												
		Tue.												
		Wed.												
		Thu.												
		Fri.												
		Sat.												
SECOND WEEK TOTAL										X X X	X X X			
PAY PERIOD TOTAL														

<b>COMPENSATORY TIME</b> Brought forward..... Worked this pay period..... Total for this pay period..... Used this pay period..... Paid this pay period..... Balance at end of this pay period.....		Balances at close of this period..... W. O. P. total for calendar year to end of prior period..... W. O. P. total for calendar year to end of this period..... I certify that this absence was due to illness which incapacitated me for duty. 16-48691-2 GPO	X X X Certified correct (Supervisor or timekeeper)
---	--	---	--

Approved For Release 2002/03/20 : CIA-RDP57-00384R000500120010-5